

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101066091
APPLICANT(S)

FILING DATE

101137000

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

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TOTAL DEP.			
TOTAL CLAIMS			